

BUSINESS - 2025
INCOME TAX RETURN
MT. ORAB

MAKE CHECK OR MONEY ORDER TO:
MT. ORAB INCOME TAX BUREAU

211 South High St.
P.O Box 268
Mt. Orab, OH 45154

Voice 937-444-2945 Fax 937-444-9241
mtorabtax@mtoraboh.us

Fiscal Period _____ to _____

DUE APRIL 15, 2026
INCLUDE FEDERAL TAX SCHEDULES
FILING REQUIRED EVEN IF NO TAX IS DUE

Name

And

Address

Federal ID#

BusinessTelephone No.

Principal
Business
Activity

NAICS Code

IF YOU HAVE MOVED DURING TAX YEAR - GIVE DATES

INTO / / OUT OF / /

CHECK ONE

<input type="checkbox"/> CORPORATION	<input type="checkbox"/> ESTATE
<input type="checkbox"/> SOLE PROPRIETOR	<input type="checkbox"/> TRUST
<input type="checkbox"/> PARTNERSHIP	<input type="checkbox"/> FIDUCIARY
<input type="checkbox"/> S-CORPORATION	
<input type="checkbox"/> OTHER	

- 1 Total taxable income
- 2 Adjustments (See Schedule X)
- 3 Taxable income before allocation (Line 1 plus/minus lines 2)
- 4 Allocation percentage (See Schedule Y)
- 5 Adjusted Net Income (Multiply line 3 by line 4)
- 6 Allocable Net Loss Carry Forward
- 7 Mt. Orab Taxable income (Line 5 minus Line 6)
- 8 Mt. Orab income tax (Multiply line 7 by 1.350%)
- 9 Credits applied from previous year(s) to this year's liability
- 10 Estimates paid on this year's liability
- 11 Other credits
- 12 Total credits (Total line 9, 10 and 11)
- 13 Tax due (If line 8 is greater than line 12, subtract line 12 from line 8) If greater than 10.00
- 14 Penalty
- 15 Interest
- 16 Total due (Total line 13, 14 and 15)
- 17 Overpayment (Issued if greater than 10.00)
- 18 Amount to be refunded
- 19 Amount to be credited to next year

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Declaration of Estimate For 2026

- 20 Total estimated income subject to tax
- 21 Estimated tax due. (Multiply line 20 by 1.350%)
- 22 Less credits (from 19 above)
- 23 Net estimated tax due (subtract line 22 from line 21)
- 24 Minimum amount due for first quarter (Multiply line 23 by .25)

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21
22
23
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Amount You Owe

- 25 Total amount due (add lines 16 and 24)

25

Tax Office Use Only : Tax Office Use Only : Tax Office Use Only		

I certify that I have examined this return and any accompanying schedules and to the best of my knowledge it is correct and complete. If prepared by a person other than the taxpayer it is based on all information available.

TaxPayer's Signature _____ Date _____

Tax Preparer's Signature _____ Date _____
(If other than taxpayer)
Phone No. _____

May VILLAGE OF MT. ORAB discuss this return with the preparer shown above Yes No

VILLAGE OF MT. ORAB BUSINESS TAX RETURN
IN LIEU OF COMPLETING YOU MAY ATTACH APPROPRIATE FEDERAL SCHEDULES

Page 2

SECTION A	Profit (or Loss) from Business or Profession
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1. TOTAL RECEIPTS LESS ALLOWANCES, REBATES, AND RETURNS.....\$.....
2. LESS Cost of labor \$..... Materials supplies, and other costs.....\$.....
3. GROSS PROFIT FROM SALES, ETC (line 1 less line 2).....\$.....
4. INTEREST \$..... OTHER BUSINESS INCOME (Specify)..... \$.....\$.....
5. TOTAL BUSINESS INCOME BEFORE DEDUCTIONS.....\$.....

BUSINESS DEDUCTIONS

6. ADVERTISING AND PROMOTIONS	\$.....	11. DEPRECIATION, AMORTIZATION	\$.....
7. AUTO, TRUCK, AND TRAVEL.....\$.....		12. RENTS (Paid to).	\$.....
8. INT ON BUSINESS INDEBTEDNESS	\$.....	13. OTHER (List if over 10% of line 14)	\$.....
9a TAXES BASED ON INCOME.....\$.....		14. TOTAL BUSINESS DEDUCTIONS (Total of lines 6 to 13). \$.....	
b. OTHER BUSINESS TAXES	\$.....	15. NET PROFIT (OR LOSS) FROM BUSINESS OR	
10. SALARIES AND WAGES.....\$.....		PROFESSION (LINE 5 LESS LINE 14).....\$.....	

SECTION B	Income from Rents – from Federal Schedule E.	
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SECTION C	Total from Federal Schedule D, From 4797		\$.....
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Kind and Location of Property	Amount of Rent	Depreciation	Repairs	Other Expenses	Net Income (or Loss)

NET INCOME SECTION C\$.....

SECTION D	All other Taxable Income	
RECEIVED FROM	FOR (DESCRIBE)	AMOUNT

NET INCOME SECTION D.....\$.....

TOTAL	From Section A, B, C, & D enter on page 1, line 1.....\$.....	
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SCHEDULE X Reconciliation with Federal Income Tax Return

ITEMS NOT DEDUCTIBLE	ADD
a. Capital Losses (Excluding Ordinary Losses).....\$.....	
b. Expenses incurred in the production of non-taxable income (at least 5% of line Z).....\$.....	
c. Taxes based on income (State)	\$.....
d. Taxes based on income (City)	\$.....
e. Net operating loss deduction per Federal Return.....\$.....	
f. Payment to partners.....\$.....	
g. Real Estate Investment Trust distributions.....\$.....	
h. Other expenses not deductible (Explain).....\$.....	
i. (enter line x next column)	Total \$.....

ITEMS NOT TAXABLE
n. Capital gains (excluding Ordinary Gains)
o. Interest income.....\$.....
p. Dividends
q. Other (Explain).....\$.....
.....
w. Enter Total Items Not Taxable
x Enter Total Items Not Deductible
z. Difference – Enter on Line 3, Page 1.....Total \$.....

SCHEDULE Y	Business Allocation Formula	a LOCATED EVERWHERE	b LOCATED IN MT. ORAB	c PERCENTAGE (b ÷ a)
STEP 1.	Original cost of real and tangible personal property			
	Gross annual rentals paid multiplied by 8			
	TOTAL STEP 1			%
STEP 2.	Wages, salaries and other compensation paid			%
STEP 3.	Gross receipts from sales made and services performed			%
4.	Total percentages			%
5.	Average percentage (Divide Total Percentages by Number of Percentages Used) (Carry to Line 5 page 1)			%

SCHEDULE Z	PARTNERS SHARE OF INCOME	2. Resident	3. Dist shares of partners	4. Other Payments	5. Taxable Percentages	6. Amount Taxable
1. NAME AND MUNICIPALITY OR TOWNSHIP OF EACH PARTNER	Yes	No	Percent	Amount		
7. TOTALS from Section A and D Above			100	\$.....		